•	. OATENT /	 APPLICATIO	IN A DE	TERM	INATI	ON RECO	RD (pplication	or D	cket Num	ber
j	PAIENT		tive Octobe						09/8	29	2744	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									NTITY	OR	OTHER SMALL	
TOTAL CLAIMS .								ATE	FEE		RATE	FEE
FOR			NUMBER F	TLED	NUMB	NUMBER EXTRA		IC FEE	<u> </u>	OR	BASIC FEE	(SQ)
TOTAL CHARGEABLE CLAIMS			min	us 20=	•			\$ 9=	<u></u>	OR	X\$18=	16
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM P				nus 3 =	9 _		L×	40=		OR	X80= .	
MU —	LTIPLE DEPEN	IDENT CLAIM P	RESENT				+	35=		OR	+270=	A.
lf	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	TO	TAL		OR	TOTAL	
1	pliat	LAIMS AS A	eai i	ENTITY	OR	OTHER SMALL						
<u>.</u>		Column 1)			EST	(Column 3)	ا ال		ADDI-			ADO!
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA	R	ATE	TIONAL FEE		PATE	TION
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		(Column 1)		(Colu	mn 2)	(Column 3)	. <u>:</u>				TO MEN	ENTITY
		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	EST IBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE-	ADDI TIONA FEE
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	Independent	• • • • • • • • • • • • • • • • • • • •	Minus			5	×	40=		OR	X80=	
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	(Column 1) (Column 2) (Column 3)							T. FEE			ADDIT. FEE	THAN
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	Total	AMENDMENT AMENDMENT	Minus	PAID	FOR	,			FEE		11.13.12	FEE
AMENDMEN: C	independent	•	Minus	***		•		. 9= -		OR OR	-X\$18=- -⊼\$18±	
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•	li the "Highest Nu	ran 1 is less than t mber Previously P	aid For IN THIS	SPACE	is less tha	n 20, enter "20."		OTAL T. FEE		OR	ADDIT FEE	
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